

P02

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
101							51			
2		/					52			
3	/						53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
10	/						60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	12						TOTAL IND.			
TOTAL DEP.	98						TOTAL DEP.			
TOTAL CLAIMS	110						TOTAL CLAIMS			

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AD FILED		ADVOCACY AMOUNT		ATTORNEY AMOUNT		DID	DOP
	DID	DOP	DID	DOP	DID	DOP		
1	/						51	/
2	/						52	/
3	/						53	/
4	/						54	/
5	/						55	/
6	/						56	/
7	/						57	/
8	/						58	/
9	/						59	/
10	/						60	/
11	/						61	/
12	/						62	/
13	/						63	/
14	/						64	/
15	/						65	/
16	/						66	/
17	/						67	/
18	/						68	/
19	/						69	/
20	/						70	/
21	/						71	/
22	/						72	/
23	/						73	/
24	/						74	/
25	/						75	/
26	/						76	/
27	/						77	/
28	/						78	/
29	/						79	/
30	/						80	/
31	/						81	/
32	/						82	/
33	/						83	/
34	/						84	/
35	/						85	/
36	/						86	/
37	/						87	/
38	/						88	/
39	/						89	/
40	/						90	/
41	/						91	/
42	/						92	/
43	/						93	/
44	/						94	/
45	/						95	/
46	/						96	/
47	/						97	/
48	/						98	/
49	/						99	/
50							100	/
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	